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Bib Data Sheet

CONFIRMATION NO. 5380

|  |   |                                    |   |                                       |
|--|---|------------------------------------|---|---------------------------------------|
| <b>SERIAL NUMBER</b><br>09/880,268   | <b>FILING DATE</b><br>06/13/2001<br><b>RULE</b>   | <b>CLASS</b><br><del>380</del> 726 | <b>GROUP ART UNIT</b><br><del>2131</del> 2134   | <b>ATTORNEY DOCKET NO.</b><br>CTX-068 |
| <b>APPLICANTS</b><br>David E. Pope, Coral Springs, FL;<br>Terry N. Tredër, Highland Beach, FL;<br>Bradley J. Pedersen, Parkland, FL;   |   |                                    |   |                                       |
| ** CONTINUING DATA ***** N/A   |   |                                    |   |                                       |
| ** FOREIGN APPLICATIONS ***** N/A  |   |                                    |   |                                       |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 08/10/2001  |   |                                    |   |                                       |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>FL      | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>22             |
| Verified and Acknowledged<br>Examiner's Signature: [Signature] Initials: [Initials]  |   | <b>INDEPENDENT CLAIMS</b><br>5     |   |                                       |
| <b>ADDRESS</b><br>021323   |   |                                    |   |                                       |
| <b>TITLE</b><br>Method and apparatus for transmitting authentication credentials of a user across communication sessions   |   |                                    |   |                                       |
| <b>FILING FEE RECEIVED</b><br>906  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |

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